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Bib Data Sheet

CONFIRMATION NO. 6060

|  |  |                            |                               |  |                                   |   |  |  |                                      |                                 |
|--|--|----------------------------|-------------------------------|--|-----------------------------------|---|--|--|--------------------------------------|---------------------------------|
| <b>SERIAL NUMBER</b><br>09/941,377   | <b>FILING DATE</b><br>08/28/2001<br><b>RULE</b>  | <b>CLASS</b><br>222        | <b>GROUP ART UNIT</b><br>3754 | <b>ATTORNEY DOCKET NO.</b><br>ABF 0104 PUS |                                   |   |  |  |                                      |                                 |
| <b>APPLICANTS</b><br>Frederick M. Abbas, Houghton Lake, MI;<br>Greg Allen Abbas, Beaverton, MI;<br><br><b>** CONTINUING DATA *****</b> <i>✓</i><br><br><b>** FOREIGN APPLICATIONS *****</b> <i>✓</i><br><br><b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED.. SMALL ENTITY **</b><br><b>** 10/01/2001</b>                         |  |                            |                               |  |                                   |   |  |  |                                      |                                 |
| Foreign Priority claimed<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged<br>Examiner's Signature _____ Initials _____ | <b>STATE OR COUNTRY</b><br>MI  | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>20     | <b>INDEPENDENT CLAIMS</b><br>3             |                                   |   |  |  |                                      |                                 |
| <b>ADDRESS</b><br>William G. Abbatt<br>Brooks & Kushman P.C.<br>22nd Floor<br>1000 Town Center<br>Southfield, MI 48075-1351  |  |                            |                               |  |                                   |   |  |  |                                      |                                 |
| <b>TITLE</b><br>Scented foam string for hunting  |  |                            |                               |  |                                   |   |  |  |                                      |                                 |
| <b>FILING FEE RECEIVED</b><br>355  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: <table border="1"> <tr><td><input type="checkbox"/> All Fees</td></tr> <tr><td><input type="checkbox"/> 1.16 Fees ( Filing )</td></tr> <tr><td><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )</td></tr> <tr><td><input type="checkbox"/> 1.18 Fees ( Issue )</td></tr> <tr><td><input type="checkbox"/> Other _____</td></tr> <tr><td><input type="checkbox"/> Credit</td></tr> </table> |                            |                               |  | <input type="checkbox"/> All Fees | <input type="checkbox"/> 1.16 Fees ( Filing ) | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) | <input type="checkbox"/> 1.18 Fees ( Issue ) | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Credit |
| <input type="checkbox"/> All Fees  |  |                            |                               |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.16 Fees ( Filing )  |  |                            |                               |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )   |  |                            |                               |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> 1.18 Fees ( Issue )   |  |                            |                               |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> Other _____   |  |                            |                               |  |                                   |   |  |  |                                      |                                 |
| <input type="checkbox"/> Credit  |  |                            |                               |  |                                   |   |  |  |                                      |                                 |